

| | | | | | | | |
|--|--|-------------|--|--|--|--|--|
| | | FOR OHF USE | | | | | |
| | | | | | | | |
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LL1

2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0022996

Facility Name: Iona Glos SLC

Address: 50 S. Fairbanks Addison 60101
Number City Zip Code

County: DuPage

Telephone Number: (630) 620-2222 Fax # (630) 628-1488

IDPA ID Number: 36-2411166-001

Date of Initial License for Current Owners: November 18, 1980

Type of Ownership:

| | | | | | |
|-------------------------------------|----------------------|--------------------------|-----------------------|--------------------------|--------------|
| <input checked="" type="checkbox"/> | VOLUNTARY,NON-PROFIT | <input type="checkbox"/> | PROPRIETARY | <input type="checkbox"/> | GOVERNMENTAL |
| <input checked="" type="checkbox"/> | Charitable Corp. | <input type="checkbox"/> | Individual | <input type="checkbox"/> | State |
| <input type="checkbox"/> | Trust | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | County |
| IRS Exemption Code | E9987-5470-04 | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Other |
| | | <input type="checkbox"/> | "Sub-S" Corp. | | |
| | | <input type="checkbox"/> | Limited Liability Co. | | |
| | | <input type="checkbox"/> | Trust | | |
| | | <input type="checkbox"/> | Other | | |

In the event there are further questions about this report, please contact:
Name: Kathleen Francis Telephone Number: (630) 620-2222

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the
State of Illinois, for the period from July 1, 2002 to June 30, 2003
and certify to the best of my knowledge and belief that the said contents
are true, accurate and complete statements in accordance with
applicable instructions. Declaration of preparer (other than provider)
is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information
in this cost report may be punishable by fine and/or imprisonment.

| | | | | |
|--|---|-------------------------|-----------|--|
| Officer or Administrator of Provider | (Signed) | | (Date) | |
| | (Type or Print Name) | John W. Budzynski | | |
| | (Title) | Chief Financial Officer | | |
| Paid Preparer | (Signed) | | (Date) | |
| | (Print Name and Title) | | | |
| | (Firm Name & Address) | | | |
| | (Telephone) | () | Fax # () | |
| | MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 | | | |

STATE OF ILLINOIS

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning: July 1, 2002 Ending: June 30, 2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 100

| 1 | 2 | 3 | 4 | |
|---|------------------------------------|-----------------------------|------------------------------|--|
| | Beds at Beginning of Report Period | Licensure Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period |
| 1 | | Skilled (SNF) | | 1 |
| 2 | | Skilled Pediatric (SNF/PED) | | 2 |
| 3 | | Intermediate (ICF) | | 3 |
| 4 | | Intermediate/DD | 100 | 36,500 |
| 5 | | Sheltered Care (SC) | | 5 |
| 6 | | ICF/DD 16 or Less | | 6 |
| 7 | | TOTALS | 100 | 36,500 |

B. Census-For the entire report period.

| 1 | 2 | 3 | 4 | 5 | |
|------------------|---|-------------|-------|--------|----|
| Level of Care | Patient Days by Level of Care and Primary Source of Payment | | | | |
| | Public Aid Recipient | Private Pay | Other | Total | |
| 8 SNF | | | | | 8 |
| 9 SNF/PED | | | | | 9 |
| 10 ICF | | | | | 10 |
| 11 ICF/DD | 35,692 | | | 35,692 | 11 |
| 12 SC | | | | | 12 |
| 13 DD 16 OR LESS | | | | | 13 |
| 14 TOTALS | 35,692 | | | 35,692 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.79%

D. How many bed-hold days during this year were paid by Public Aid? 808 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES NO X

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO X

I. On what date did you start providing long term care at this location? Date started November 18,1980

J. Was the facility purchased or leased after January 1, 1978? YES Date NO X

K. Was the facility certified for Medicare during the reporting year? YES NO X If YES, enter number of beds certified and days of care provided

Medicare Intermediary

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL X CASH* CASH*

Is your fiscal year identical to your tax year? YES X NO

Tax Year: June 30 Fiscal Year: June 30

* All facilities other than governmental must report on the accrual basis.

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

| | Operating Expenses | Costs Per General Ledger | | | | Reclass-ification 5 | Reclassified Total 6 | Adjust-ments 7 | Adjusted Total 8 | FOR OHF USE ONLY | | |
|-----|--|--------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|----|-----|
| | | Salary/Wage 1 | Supplies 2 | Other 3 | Total 4 | | | | | 9 | 10 | |
| | A. General Services | | | | | | | | | | | |
| 1 | Dietary | 147,588 | | 13,610 | 161,198 | | 161,198 | | 161,198 | | | 1 |
| 2 | Food Purchase | | 238,236 | | 238,236 | | 238,236 | | 238,236 | | | 2 |
| 3 | Housekeeping | | 205,086 | 60,759 | 265,845 | | 265,845 | (59,722) | 206,123 | | | 3 |
| 4 | Laundry | | | | | | | | | | | 4 |
| 5 | Heat and Other Utilities | | | 132,757 | 132,757 | | 132,757 | (117) | 132,640 | | | 5 |
| 6 | Maintenance | 43,675 | 50,469 | | 94,144 | | 94,144 | (35) | 94,109 | | | 6 |
| 7 | Other (specify):* waste removal | | | 22,179 | 22,179 | | 22,179 | | 22,179 | | | 7 |
| 8 | TOTAL General Services | 191,263 | 493,791 | 229,305 | 914,359 | | 914,359 | (59,874) | 854,485 | | | 8 |
| | B. Health Care and Programs | | | | | | | | | | | |
| 9 | Medical Director | | | | | | | | | | | 9 |
| 10 | Nursing and Medical Records | 582,553 | 73,238 | 138,695 | 794,486 | | 794,486 | | 794,486 | | | 10 |
| 10a | Therapy | 1,631,937 | | 40,586 | 1,672,523 | | 1,672,523 | | 1,672,523 | | | 10a |
| 11 | Activities | 33,743 | 15,853 | | 49,596 | | 49,596 | | 49,596 | | | 11 |
| 12 | Social Services | 55,972 | | | 55,972 | | 55,972 | | 55,972 | | | 12 |
| 13 | Nurse Aide Training | 18,558 | 775 | | 19,333 | | 19,333 | | 19,333 | | | 13 |
| 14 | Program Transportation | 83,730 | | 20,815 | 104,545 | 1,371 | 105,916 | | 105,916 | | | 14 |
| 15 | Other (specify):* lic/cert & sch XVIII | | 1,238 | 31,580 | 32,818 | | 32,818 | | 32,818 | | | 15 |
| 16 | TOTAL Health Care and Programs | 2,406,493 | 91,104 | 231,676 | 2,729,273 | 1,371 | 2,730,644 | | 2,730,644 | | | 16 |
| | C. General Administration | | | | | | | | | | | |
| 17 | Administrative | 389,329 | | | 389,329 | | 389,329 | (26,221) | 363,108 | | | 17 |
| 18 | Directors Fees | | | | | | | | | | | 18 |
| 19 | Professional Services | | | 34,352 | 34,352 | (71) | 34,281 | (1,752) | 32,529 | | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 12,504 | 12,504 | 71 | 12,575 | (688) | 11,887 | | | 20 |
| 21 | Clerical & General Office Expenses | 353,291 | 67,316 | | 420,607 | | 420,607 | (9,907) | 410,700 | | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 591,035 | 591,035 | | 591,035 | (4,345) | 586,690 | | | 22 |
| 23 | Inservice Training & Education | | | 3,675 | 3,675 | | 3,675 | | 3,675 | | | 23 |
| 24 | Travel and Seminar | | | | | | | | | | | 24 |
| 25 | Other Admin. Staff Transportation | | | 1,574 | 1,574 | | 1,574 | (168) | 1,406 | | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 60,781 | 60,781 | | 60,781 | (175) | 60,606 | | | 26 |
| 27 | Other (specify):* see worksheet 3 | | | 23,880 | 23,880 | | 23,880 | (13,051) | 10,829 | | | 27 |
| 28 | TOTAL General Administration | 742,620 | 67,316 | 727,801 | 1,537,737 | | 1,537,737 | (56,307) | 1,481,430 | | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 3,340,376 | 652,211 | 1,188,782 | 5,181,369 | 1,371 | 5,182,740 | (116,181) | 5,066,559 | | | 29 |

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

| | Capital Expense | Cost Per General Ledger | | | | Reclass-ification | Reclassified Total | Adjust-ments | Adjusted Total | FOR OHF USE ONLY | | |
|----|--|-------------------------|----------|-----------|-----------|-------------------|--------------------|--------------|----------------|------------------|----|----|
| | | Salary/Wage | Supplies | Other | Total | | | | | 9 | 10 | |
| | D. Ownership | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | |
| 30 | Depreciation | | | 75,405 | 75,405 | | 75,405 | 123,959 | 199,364 | | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | | | | | | | | | 31 |
| 32 | Interest | | | 31,131 | 31,131 | | 31,131 | (1,006) | 30,125 | | | 32 |
| 33 | Real Estate Taxes | | | 1,085 | 1,085 | | 1,085 | | 1,085 | | | 33 |
| 34 | Rent-Facility & Grounds | | | 73,094 | 73,094 | (690) | 72,404 | (5,873) | 66,531 | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | 40,810 | 40,810 | (681) | 40,129 | (6,739) | 33,390 | | | 35 |
| 36 | Other (specify):* | | | | | | | | | | | 36 |
| 37 | TOTAL Ownership | | | 221,525 | 221,525 | (1,371) | 220,154 | 110,341 | 330,495 | | | 37 |
| | Ancillary Expense | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | | | | | | | | | 38 |
| 39 | Ancillary Service Centers | | | | | | | | | | | 39 |
| 40 | Barber and Beauty Shops | | | | | | | | | | | 40 |
| 41 | Coffee and Gift Shops | | | 9,935 | 9,935 | | 9,935 | | 9,935 | | | 41 |
| 42 | Provider Participation Fee | | | 320,319 | 320,319 | | 320,319 | | 320,319 | | | 42 |
| 43 | Other (specify):* | | | | | | | | | | | 43 |
| 44 | TOTAL Special Cost Centers | | | 330,254 | 330,254 | | 330,254 | | 330,254 | | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 3,340,376 | 652,211 | 1,740,561 | 5,733,148 | | 5,733,148 | (5,840) | 5,727,308 | | | 45 |

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

STATE OF ILLINOIS

Facility Name & ID Number Iona Glos SLC # 0022996 Report Period Beginning: July 1, 2002 Ending: June 30, 2003

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

| | NON-ALLOWABLE EXPENSES | 1 Amount | 2 Refer- ence | 3 OHF USE ONLY | |
|----|--|--------------|---------------------|----------------------|----|
| 1 | Day Care | \$ | | \$ | 1 |
| 2 | Other Care for Outpatients | | | | 2 |
| 3 | Governmental Sponsored Special Programs | | | | 3 |
| 4 | Non-Patient Meals | | | | 4 |
| 5 | Telephone, TV & Radio in Resident Rooms | | | | 5 |
| 6 | Rented Facility Space | | | | 6 |
| 7 | Sale of Supplies to Non-Patients | | | | 7 |
| 8 | Laundry for Non-Patients | | | | 8 |
| 9 | Non-Straightline Depreciation | | | | 9 |
| 10 | Interest and Other Investment Income | | | | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds | | | | 11 |
| 12 | Non-Working Officer's or Owner's Salary | | | | 12 |
| 13 | Sales Tax | | | | 13 |
| 14 | Non-Care Related Interest | (1,006) | 32 | | 14 |
| 15 | Non-Care Related Owner's Transactions | | | | 15 |
| 16 | Personal Expenses (Including Transportation) | | | | 16 |
| 17 | Non-Care Related Fees | | | | 17 |
| 18 | Fines and Penalties | (304) | 27 | | 18 |
| 19 | Entertainment | | | | 19 |
| 20 | Contributions | | | | 20 |
| 21 | Owner or Key-Man Insurance | | | | 21 |
| 22 | Special Legal Fees & Legal Retainers | | | | 22 |
| 23 | Malpractice Insurance for Individuals | | | | 23 |
| 24 | Bad Debt | (7,544) | 27 | | 24 |
| 25 | Fund Raising, Advertising and Promotional | | | | 25 |
| 26 | Income Taxes and Illinois Personal Property Replacement Tax | | | | 26 |
| 27 | Nurse Aide Training for Non-Employees | | | | 27 |
| 28 | Yellow Page Advertising | | | | 28 |
| 29 | Other-Attach Schedule | (114,742) | | | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29) | \$ (123,596) | | \$ | 30 |

| OHF USE ONLY | | | | | | | |
|--------------|--|----|--|----|--|----|--|
| 48 | | 49 | | 50 | | 51 | |
| | | | | | | | |

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

| | | 1 Amount | 2 Reference | |
|----|--|-------------|----------------|----|
| 31 | Non-Paid Workers-Attach Schedule* | \$ | | 31 |
| 32 | Donated Goods-Attach Schedule* | | | 32 |
| 33 | Amortization of Organization & Pre-Operating Expense | | | 33 |
| 34 | Adjustments for Related Organization Costs (Schedule VII) | 117,755 | | 34 |
| 35 | Other- Attach Schedule | | | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35) | \$ 117,755 | | 36 |
| | (sum of SUBTOTALS | | | |
| 37 | TOTAL ADJUSTMENTS (A) and (B)) | \$ (5,841) | | 37 |

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

| | | 1 Yes | 2 No | 3 Amount | 4 Reference | |
|----|---------------------------------|----------|---------|-------------|----------------|----|
| 38 | Medically Necessary Transport. | | x | \$ | | 38 |
| 39 | | | | | | 39 |
| 40 | Gift and Coffee Shops | | x | | | 40 |
| 41 | Barber and Beauty Shops | | x | | | 41 |
| 42 | Laboratory and Radiology | | x | | | 42 |
| 43 | Prescription Drugs | | x | | | 43 |
| 44 | Exceptional Care Program | | x | | | 44 |
| 45 | Other-Attach Schedule | | x | | | 45 |
| 46 | Other-Attach Schedule | | x | | | 46 |
| 47 | TOTAL (C): (sum of lines 38-46) | | | \$ | | 47 |

STATE OF ILLINOIS

Page 5A

Iona Glos SLC

ID#0022996

Report Period Beginning: July 1, 2002

Ending: June 30, 2003

| NON-ALLOWABLE EXPENSES | | Amount | Sch. V Line Reference |
|------------------------|---|-----------|-----------------------|
| 1 | Adjustment for Fundraising = 50 % of Public | \$ | 1 |
| 2 | Relations & Development - also see worksheet 1 | | 2 |
| 3 | | | 3 |
| 4 | Housekeeping Supplies | (59,722) | 3 4 |
| 5 | Utilities | (117) | 5 5 |
| 6 | Maintenance | (35) | 6 6 |
| 7 | Administrative | (31,234) | 17 7 |
| 8 | Professional Services | (189) | 19 8 |
| 9 | Publications | (217) | 20 9 |
| 10 | Membership Dues | (471) | 20 10 |
| 11 | Clerical & General Office | (4,893) | 21 11 |
| 12 | Staff Training | (4,346) | 22 12 |
| 13 | Travel | (168) | 25 13 |
| 14 | Insurance | (175) | 26 14 |
| 15 | Agency Functions | (1,182) | 27 15 |
| 16 | Depreciation | (1,032) | 30 16 |
| 17 | Rent | (5,873) | 34 17 |
| 18 | Equipment Rental | (861) | 35 18 |
| 19 | Total Fund Raising Adjustment | | 19 |
| 20 | (110,515) | | 20 |
| 21 | | | 21 |
| 22 | Other Non-Allowables & Adjustments | | 22 |
| 23 | | | 23 |
| 24 | Non-Care Related Legal and Professionl Services | (1,563) | 19 24 |
| 25 | Miscellaneous - prior year adjustments | (379) | 27 25 |
| 26 | In & Out | 160 | 27 26 |
| 27 | Agency Functions | (3,802) | 27 27 |
| 28 | Depreciation Adjustments | 1,552 | 30 28 |
| 29 | Non-Care Related Administrative Leased Vehicle | (194) | 35 29 |
| 30 | Total Other Non-Allowables & Adjustments | | 30 |
| 31 | (4,226) | | 31 |
| 32 | | | 32 |
| 33 | | | 33 |
| 34 | | | 34 |
| 35 | | | 35 |
| 36 | | | 36 |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | | | 40 |
| 41 | | | 41 |
| 42 | | | 42 |
| 43 | | | 43 |
| 44 | | | 44 |
| 45 | | | 45 |
| 46 | | | 46 |
| 47 | | | 47 |
| 48 | | | 48 |
| 49 | Total | (114,741) | 49 |

[illegible]

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

| 1 OWNERS | | 2 RELATED NURSING HOMES | | 3 OTHER RELATED BUSINESS ENTITIES | | |
|---|-------------|----------------------------|------|--------------------------------------|-------------------|------------------------------|
| Name | Ownership % | Name | City | Name | City | Type of Business |
| Not for Profit Corp - board members DO NOT have ownership in the Ray Graham Association or the Ray Graham Foundation see attached list of board board of directors | | | | Ry Graham Foundation | Downers Grove, IL | social service foundation |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 | | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: Adjustments for Related Organization Costs (7 minus 4) | |
|------------|-------|------|---------------------------|----------|--------------------------------|----------------------------|--|---|----|
| Schedule V | | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | | |
| 1 | V | 30 | building depreciation | \$ | Ray Graham Foundation | | \$ 120,214 | \$ 120,214 | 1 |
| 2 | V | 30 | euipment depreciation | | Ray Graham Foundation | | 3,225 | 3,225 | 2 |
| 3 | V | 35 | vehicle lease | 5,684 | Ray Graham Foundation | | | (5,684) | 3 |
| 4 | V | | | | | | | | 4 |
| 5 | V | | | | | | | | 5 |
| 6 | V | | | | | | | | 6 |
| 7 | V | | | | | | | | 7 |
| 8 | V | | | | | | | | 8 |
| 9 | V | | | | | | | | 9 |
| 10 | V | | | | | | | | 10 |
| 11 | V | | | | | | | | 11 |
| 12 | V | | | | | | | | 12 |
| 13 | V | | | | | | | | 13 |
| 14 | Total | | | \$ 5,684 | | | \$ 123,439 | \$ * 117,755 | 14 |

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

| | 1 Name | 2 Title | 3 Function | 4 Ownership Interest | 5 Compensation Received From Other Nursing Homes* | 6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week | | 7 Compensation Included in Costs for this Reporting Period** | | 8 Schedule V. Line & Column Reference | |
|----|---------------|----------------|-------------------|-----------------------------|--|--|---------|---|--------|--|----|
| | | | | | | Hours | Percent | Description | Amount | | |
| 1 | none | | | | | | | | \$ | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| 9 | | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | 12 |
| 13 | | | | | | | | TOTAL | \$ | | 13 |

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

| Facility Name & ID Number | Iona Gros SLC |
|--------------------------------------|----------------------|
| | |

0022996

Report Period Beginning:

July 1, 2002

Ending: ne 30, 2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Ray Grqaham Foundation

Street Address

2801 Finley Road

City / State / Zip Code

Downers Grove, IL 60515

Phone Number

(630) 620-2222

Fax Number

(630) 620-1488

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|---------------------------------|-----------------|--|-------------|--|---|---|-------------------|------------------------------------|----|
| Schedule V Line Reference | Item | Unit of Allocation (i.e.,Days, Direct Cost, Square Feet) | Total Units | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 | |
| 1 | see worksheet 1 | direct cost | 14,727,453 | 45 | \$ 2,671,293 | \$ | 4,852,918 | \$ 880,231 | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | | | | | | | | | 5 |
| 6 | | | | | | | | | 6 |
| 7 | | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | | | | | | | | | 9 |
| 10 | | | | | | | | | 10 |
| 11 | | | | | | | | | 11 |
| 12 | | | | | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | | | | | | | | 14 |
| 15 | | | | | | | | | 15 |
| 16 | | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | TOTALS | | | | \$ 2,671,293 | \$ | | \$ 880,231 | 25 |

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

| | 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|----|---------------------------------------|-----------|----|----------------------|--------------------------|--------------|----------------|------------|---------------|--------------------------|-----------------------------------|----|
| | Name of Lender | Related** | | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note | | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense | |
| | | YES | NO | | | | Original | Balance | | | | |
| | A. Directly Facility Related | | | | | | | | | | | |
| | Long-Term | | | | | | | | | | | |
| 1 | AVAYA Financial | | X | phone system - admin | \$458.00 | 8/1/02 | \$ 15,262 | \$ 10,842 | 7/1/05 | 0.0506 | \$ 670 | 1 |
| 2 | SLC allocation = .33 | | | | \$151.00 | | 5,024 | 3,569 | | | 221 | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | EXCLUDE CALCULATION LINE 1 FROM TOALS | | | | (\$458.00) | | (15,262) | (10,842) | | | (670) | 4 |
| 5 | | | | | | | | | | | | 5 |
| | Working Capital | | | | | | | | | | | |
| 6 | allocated - see worksheet 6 | X | X | operating funds | | | 1,148,476 | 433,197 | | | 29,907 | 6 |
| 7 | (not enough lines) | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | | 8 |
| 9 | TOTAL Facility Related | | | | \$151.00 | | \$ 1,153,500 | \$ 436,766 | | | \$ 30,128 | 9 |
| | B. Non-Facility Related* | | | | | | | | | | | |
| 10 | | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | | 12 |
| 13 | | | | | | | | | | | | 13 |
| 14 | TOTAL Non-Facility Related | | | | | | \$ | \$ | | | \$ | 14 |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 1,153,500 | \$ 436,766 | | | \$ 30,128 | 15 |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ n/aLine # n/a

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number **Iona Glos SLC**

0022996 Report Period Beginning: July 1, 2002 Ending: June 30, 2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

| | | | |
|--|--|--------------|-----------|
| | Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. | | |
| 1. Real Estate Tax accrual used on 2002 report. | \$ | 792 | 1 |
| 2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.) | \$ | 1,222 | 2 |
| 3. Under or (over) accrual (line 2 minus line 1). | \$ | 430 | 3 |
| 4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.) | \$ | 655 | 4 |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.) | \$ | | 5 |
| 6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.) | \$ | | 6 |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6. | \$ | 1,085 | 7 |
| Real Estate Tax History: | | | |
| Real Estate Tax Bill for Calendar Year: | 1998 | 310 | 8 |
| | 1999 | 886 | 9 |
| | 2000 | 1,066 | 10 |
| | 2001 | 1,105 | 11 |
| | 2002 | 1,257 | 12 |
| line 2. 1/2 2001 bill = 593 plus 1/2 2002 bill = 629 | | | |
| line 4. 1/2 2002 bill = 629 plus 2003 estmited at 72.5% = 456 less prior year adj on line 3. | | | |
| | | | |
| | | | |

| | FOR OHF USE ONLY | | |
|----|--------------------------------------|----|----|
| 13 | FROM R. E. TAX STATEMENT FOR 2002 | \$ | 13 |
| 14 | PLUS APPEAL COST FROM LINE 5 | \$ | 14 |
| 15 | LESS REFUND FROM LINE 6 | \$ | 15 |
| 16 | AMOUNT TO USE FOR RATE CALCULATION\$ | | 16 |

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Iona Glos SLC COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0022996

CONTACT PERSON REGARDING THIS REPORT Kathleen Francis

TELEPHONE (630) 620-2222 FAX #: (630) 628-1488

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

| | (A) | (B) | (C) | (D) |
|-----|-------------------------|--------------------------------|------------------|---|
| | <u>Tax Index Number</u> | <u>Property Description</u> | <u>Total Tax</u> | <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u> |
| 1. | 03-26-304-012 | 442 W. Fullerton, Elmhurst, IL | \$ 29,590.12 | \$ 1,257.00 |
| 2. | | | \$ | \$ |
| 3. | | | \$ | \$ |
| 4. | | | \$ | \$ |
| 5. | | | \$ | \$ |
| 6. | | | \$ | \$ |
| 7. | | | \$ | \$ |
| 8. | | | \$ | \$ |
| 9. | | | \$ | \$ |
| 10. | | | \$ | \$ |
| | | TOTALS | \$ 29,590.12 | \$ 1,257.00 |

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 47,000

B. General Construction Type: Exterior brick

Frame

Number of Stories 1

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

| A. Land. | 1 | 2 | 3 | 4 | |
|----------|--------|-------------|---------------|------------|---|
| | Use | Square Feet | Year Acquired | Cost | |
| 1 | SLC | | 1990 | \$ 214,674 | 1 |
| 2 | | | | | 2 |
| 3 | TOTALS | | | \$ 214,674 | 3 |

Facility Name & ID Number Iona Glos SLC

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| | 1 | FOR OHF USE ONLY | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|---|------------------|------------------|---------------------|--------------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| | Beds* | | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 4 | 100 | | 1981 | 1981 | \$ 3,681,931 | \$ 92,048 | 40 | \$ 92,048 | \$ | 2,071,086 | 4 |
| 5 | (Ray | | | | | | | | | | 5 |
| 6 | Graham | | | | | | | | | | 6 |
| 7 | Foundation) | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| | Improvement Type** | | | | | | | | | | |
| 9 | Prior Fiscal Years | | | 1997 | 1,700 | 170 | 5 | 170 | | 1,700 | 9 |
| 10 | | | | 1998 | 44,944 | 8,099 | 5 | 8,099 | | 43,836 | 10 |
| 11 | | | | 1999 | 236 | 47 | 5 | 47 | | 213 | 11 |
| 12 | | | | 2000 | 841 | 280 | 5 | 280 | | 701 | 12 |
| 13 | | | | 2001 | 8,293 | 1,659 | 5 | 1,659 | | 2,488 | 13 |
| 14 | | | | 2002 | 56,779 | 11,356 | 5 | 11,356 | | 17,034 | 14 |
| 15 | | | | | | | | | | | 15 |
| 16 | remove old floor, install new tile & base in bathroom in home 1 | | | 2002 | 1,875 | 188 | 5 | 188 | | 188 | 16 |
| 17 | new door and frame for generator room | | | 2002 | 2,600 | 260 | 5 | 260 | | 260 | 17 |
| 18 | new steel doors in home 4 and 6 | | | 2003 | 2,280 | 228 | 5 | 228 | | 228 | 18 |
| 19 | | | | | | | | | | | 19 |
| 20 | | | | | | | | | | | 20 |
| 21 | from Ray Graham Foundatio - all prior fiscal years | | | 1998 | 110 | 11 | 5 | 11 | | 50 | 21 |
| 22 | | | | 1999 | 143,308 | 15,450 | 5 | 15,450 | | 60,985 | 22 |
| 23 | | | | 2000 | 86,886 | 8,689 | 5 | 8,689 | | 24,785 | 23 |
| 24 | | | | 2001 | 39,306 | 3,931 | 5 | 3,931 | | 8,567 | 24 |
| 25 | | | | 2002 | 850 | 85 | 5 | 85 | | 128 | 25 |
| 26 | | | | | | | | | | | 26 |
| 27 | | | | | | | | | | | 27 |
| 28 | | | | | | | | | | | 28 |
| 29 | | | | | | | | | | | 29 |
| 30 | | | | | | | | | | | 30 |
| 31 | | | | | | | | | | | 31 |
| 32 | | | | | | | | | | | 32 |
| 33 | | | | | | | | | | | 33 |
| 34 | | | | | | | | | | | 34 |
| 35 | | | | | | | | | | | 35 |
| 36 | | | | | | | | | | | 36 |

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

STATE OF ILLINOIS

0022996

Report Period Beginning:

July 1, 2002

Ending:

Page 12A

June 30, 2003

Facility Name & ID Number Iona Glos SLC

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| 1 Improvement Type** | | 3 Year Constructed | 4 Cost | 5 Current Book Depreciation | 6 Life in Years | 7 Straight Line Depreciation | 8 Adjustments | 9 Accumulated Depreciation | |
|-------------------------|--|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 37 | Fullerton Building Allocation - all prior fiscal years | 1999 | \$ 854 | \$ 85 | 10 | \$ 85 | \$ | \$ 299 | 37 |
| 38 | | 2000 | 67,308 | 7,802 | 5-10 | 7,802 | | 24,365 | 38 |
| 39 | | 2001 | 2,285 | 457 | 5 | 457 | | 1,143 | 39 |
| 40 | | 2002 | 1,532 | 306 | 5 | 306 | | 460 | 40 |
| 41 | total Fullerton | | 71,979 | 8,651 | | 8,651 | | 26,266 | 41 |
| 42 | Transportation portion - .65% | | 468 | 56 | | 56 | | 171 | 42 |
| 43 | Intake portion - .45% | | 324 | 39 | | 39 | | 118 | 43 |
| 44 | Clinical portion - .25% | | 180 | 22 | | 22 | | 66 | 44 |
| 45 | Administration portion - 12.64% | | 9,098 | 1,093 | | 1,093 | | 3,320 | 45 |
| 46 | SLC portion of Trasnportation - 6.6% | | 31 | 4 | | 4 | | 11 | 46 |
| 47 | SLC portion of Intake - 6% | | 19 | 2 | | 2 | | 7 | 47 |
| 48 | SLC portion of Clinical - 4.04% | | 7 | 1 | | 1 | | 3 | 48 |
| 49 | SLC portion of Administration - 33% | | 3,000 | 361 | | 361 | | 1,095 | 49 |
| 50 | total SLC portion | | 3,057 | 368 | | 368 | | 1,116 | 50 |
| 51 | | | | | | | | | 51 |
| 52 | | | | | | | | | 52 |
| 53 | Finley Building Allocation - all prior fiscal years | 2001 | 37,183 | 7,437 | 5 | 7,437 | | 18,591 | 53 |
| 54 | | 2002 | 1,075 | 215 | 5 | 215 | | 322 | 54 |
| 55 | total Finley | | 38,258 | 7,652 | | 7,652 | | 18,914 | 55 |
| 56 | Administration portion - 71.72% | | 27,438 | 5,487 | | 5,487 | | 13,565 | 56 |
| 57 | Intake portion - 1.24% | | 474 | 95 | | 95 | | 235 | 57 |
| 58 | Clinical portion - 4. | | 1,526 | 305 | | 305 | | 755 | 58 |
| 59 | SLC portion of Administration - 33% | | 9,038 | 1,807 | | 1,640 | (167) | 4,469 | 59 |
| 60 | SLC portion of Intake - 6% | | 28 | 6 | | 6 | | 14 | 60 |
| 61 | SLC portion of Clinical - 4.04% | | 62 | 12 | | 12 | | 31 | 61 |
| 62 | total SLC portion | | 9,128 | 1,825 | | 1,658 | (167) | 4,514 | 62 |
| 63 | | | | | | | | | 63 |
| 64 | | | | | | | | | 64 |
| 65 | BACK OUT CALCULATION DETAILS SO LINE 70 ONLY | | (272,167) | (41,895) | | (41,728) | 167 | (114,219) | 65 |
| 66 | REFLECTS LINES 50 AND 62 FROM (THIS) PAGE 12A | | | | | | | | 66 |
| 67 | | | | | | | | | 67 |
| 68 | | | | | | | | | 68 |
| 69 | | | | | | | | | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 4,084,124 | \$ 144,693 | | \$ 144,526 | \$ (167) | \$ 2,237,876 | 70 |

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Iona Glos SLC

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| 1 | Improvement Type** | 3 Year Constructed | 4 Cost | 5 Current Book Depreciation | 6 Life in Years | 7 Straight Line Depreciation | 8 Adjustments | 9 Accumulated Depreciation | |
|----|---|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1 | Totals from Page 12A, Carried Forward | | \$ 4,084,124 | \$ 144,693 | | \$ 144,526 | \$ (167) | \$ 2,237,876 | 1 |
| 2 | REVERSE ABOVE - THIS PAGE IS REALLY PAGE 13A EQUIPMENT DEPREC | | (4,084,124) | (144,693) | | (144,526) | 167 | (2,237,876) | 2 |
| 3 | | | | | | | | | 3 |
| 4 | Purchased in Prior Years | | | | | | | | 4 |
| 5 | SLC | | 68,072 | 10,393 | 5 | 10,393 | | 52,554 | 5 |
| 6 | Transportation | | 4,386 | 877 | 5 | 877 | | 2,195 | 6 |
| 7 | Advocacy | | 2,988 | 598 | 5 | 598 | | 2,988 | 7 |
| 8 | Intake | | 103 | 21 | 5 | 21 | | 53 | 8 |
| 9 | Administration | | 2,907 | 581 | 5 | 581 | | 1,495 | 9 |
| 10 | SLC portion of Transportation - 6.6% | | 289 | 58 | | 58 | | 145 | 10 |
| 11 | SLC portion of Advocacy - 33% | | 984 | 197 | | 197 | | 984 | 11 |
| 12 | SLC portion of Intake - 6% | | 6 | 1 | | 1 | | 3 | 12 |
| 13 | SLC portion of Administration - 33% | | 959 | 192 | | 192 | | 493 | 13 |
| 14 | | | | | | | | | 14 |
| 15 | Current Year Purchases | | | | | | | | 15 |
| 16 | SLC | | | | | | | | 16 |
| 17 | 2 dryers and 1 washer replaced - fire damage | | 11,425 | 1,142 | 5 | 1,142 | | 1,142 | 17 |
| 18 | new washer in home 1 | | 740 | 74 | 5 | 74 | | 74 | 18 |
| 19 | oven | | 566 | 57 | 5 | 57 | | 57 | 19 |
| 20 | Cannon fax machine | | 1,500 | 150 | 5 | 150 | | 150 | 20 |
| 21 | | | | | | | | | 21 |
| 22 | Fully Deplicated | | | | 5 | | | | 22 |
| 23 | SLC | | 31,084 | | | | | 31,084 | 23 |
| 24 | | | | | | | | | 24 |
| 25 | Management and General - | | | | | | | | 25 |
| 26 | Purchased in Prior Years | | 476,679 | 94,654 | 2-5 | 94,654 | | 260,886 | 26 |
| 27 | SLC portion - 33% | | 157,304 | 31,179 | | 30,314 | (865) | 86,092 | 27 |
| 28 | | | | | | | | | 28 |
| 29 | Current Year Purchases | | | | | | | | 29 |
| 30 | Ceridian payroll upgrade(software) | | 16,247 | 1,625 | 5 | 1,625 | | 1,625 | 30 |
| 31 | SLC portion - 33% | | 5,362 | 535 | | 535 | | 536 | 31 |
| 32 | | | | | | | | | 32 |
| 33 | SUBTRACT ALLOCATED LINES | | (503,310) | (98,355) | | (98,355) | | (269,241) | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 278,292 | \$ 43,978 | | \$ 43,113 | \$ (865) | \$ 173,315 | 34 |

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Iona Glos SLC

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| 1 Improvement Type** | | 3 Year Constructed | 4 Cost | 5 Current Book Depreciation | 6 Life in Years | 7 Straight Line Depreciation | 8 Adjustments | 9 Accumulated Depreciation | |
|-------------------------|---|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1 | Totals from Page 12B, Carried Forward | | \$ 278,292 | \$ 43,978 | | \$ 43,113 | \$ (865) | \$ 173,315 | 1 |
| 2 | THIS IS REALLY PAGE 13B - EQUIPMENT DEPRECIATION | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | Finley Building | | | | | | | | 4 |
| 5 | exrtend capital lease on phone system | | 15,262 | 5,087 | 3 | 5,087 | | 5,087 | 5 |
| 6 | Clinical portion -4% | | 610 | 203 | | 203 | | 203 | 6 |
| 7 | Intake portion - 1.25% | | 191 | 64 | | 64 | | 64 | 7 |
| 8 | Administration portion - 71.72% | | 10,946 | 3,648 | | 3,648 | | 3,648 | 8 |
| 9 | SLC portion of Clinical - 4% | | 24 | 8 | | 8 | | 8 | 9 |
| 10 | SLC portion of Intake 6% | | 11 | 4 | | 4 | | 4 | 10 |
| 11 | SLC portion of Administration - 33% | | 3,612 | 1,204 | | 1,204 | | 1,204 | 11 |
| 12 | | | | | | | | | 12 |
| 13 | Ray Graham Foundation - | | | | | | | | 13 |
| 14 | Purchased in Prior Years | | | | | | | | 14 |
| 15 | SLC | | 13,623 | 2,633 | 5 | 2,633 | | 9,445 | 15 |
| 16 | Administration | | 20,730 | 1,801 | | 1,801 | | 19,935 | 16 |
| 17 | SLC portion - 33% | | 6,841 | 594 | | 594 | | 6,579 | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | TOTAL EQUIPMENT DEPRECIATION - PG13 LINE 75 | | 302,404 | 48,421 | | 47,556 | (865) | 190,554 | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | | | | | | | | | 25 |
| 26 | | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | | 29 |
| 30 | REVERSE EVERYTHING ABOVE AND | | (652,546) | (107,646) | | (105,916) | 1,730 | (410,047) | 30 |
| 31 | PICKUP ONLY BUIDLING & BUILDING IMPROVEMENTS FROM PG12A | | 4,084,124 | 144,693 | | 144,526 | (167) | 2,237,876 | 31 |
| 32 | FOR PG13 LINE 85 | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 4,084,124 | \$ 144,693 | | \$ 144,526 | \$ (167) | \$ 2,237,876 | 34 |

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

| | Category of Equipment | 1 Cost | Current Book Depreciation 2 | Straight Line Depreciation 3 | 4 Adjustments | Component Life 5 | Accumulated Depreciation 6 | |
|----|--------------------------|-----------|-----------------------------|------------------------------|------------------|------------------|----------------------------|----|
| 71 | Purchased in Prior Years | \$248,080 | \$45,247 | \$44,382 | \$(865) | 3-5 | \$156,295 | 71 |
| 72 | Current Year Purchases | 23,240 | 3,174 | 3,174 | | 2-5 | 3,175 | 72 |
| 73 | Fully Depreciated Assets | 31,084 | | | | 5 | 31,084 | 73 |
| 74 | | | | | | | | 74 |
| 75 | TOTALS | \$302,404 | \$48,421 | \$47,556 | \$(865) | | \$190,554 | 75 |

D. Vehicle Depreciation (See instructions.)*

| | 1 Use | Model, Make and Year 2 | Year Acquired 3 | 4 Cost | Current Book Depreciation 5 | Straight Line Depreciation 6 | 7 Adjustments | Life in Years 8 | Accumulated Depreciation 9 | |
|----|-----------------------|------------------------|-----------------|-----------|-----------------------------|------------------------------|------------------|-----------------|----------------------------|----|
| 76 | client transportation | 1994 Dodge Caravan | 1994 | \$26,358 | \$ | \$ | \$ | 5 | \$26,358 | 76 |
| 77 | client transportation | 1992 Ford Econoline | 1995 | 6,654 | | | | 5 | 6,654 | 77 |
| 78 | client transportation | 1996 Ford Medium Duty | 1996 | 41,093 | | | | 5 | 41,093 | 78 |
| 79 | client transportation | 1998 Dodge Van | 1998 | 36,417 | 7,283 | 7,283 | | 5 | 32,775 | 79 |
| 80 | TOTALS | | | \$110,522 | \$7,283 | \$7,283 | \$ | | \$106,880 | 80 |

E. Summary of Care-Related Assets

| | 1 | 2 | |
|----|----------------------------|--|---------------|
| | Reference | Amount | |
| 81 | Total Historical Cost | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$4,711,72481 |
| 82 | Current Book Depreciation | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$200,39782 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$199,36583 |
| 84 | Adjustments | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$(1,032)84 |
| 85 | Accumulated Depreciation | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$2,535,31185 |

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

| | 1 Description & Year Acquired | 2 Cost | Current Book Depreciation 3 | Accumulated Depreciation 4 | |
|----|----------------------------------|-----------|-----------------------------|----------------------------|----|
| 86 | | \$ | \$ | \$ | 86 |
| 87 | | | | | 87 |
| 88 | | | | | 88 |
| 89 | | | | | 89 |
| 90 | | | | | 90 |
| 91 | TOTALS | \$ | \$ | \$ | 91 |

G. Construction-in-Progress

| | Description | Cost | |
|----|-------------|------|----|
| 92 | | \$ | 92 |
| 93 | | | 93 |
| 94 | | | 94 |
| 95 | | \$ | 95 |

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

PLEASE ENTER ONLY DATES IN CELLS W16 AND W17

1. Name of Party Holding Lease: Stojka Brothers Partnership and Midwest Surgical - see worksheet 7

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YESNO

| | | 1 Year Constructed | 2 Number of Beds | 3 Date of Lease | 4 Rental Amount | 5 Total Years of Lease | 6 Total Years Renewal Option* | |
|---|--------------------|--------------------------|------------------------|-----------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building: | | n/a | 10/15/98 | \$ 8,343 | 5 | n/a | 3 |
| 4 | Additions | | n/a | 02/26/02 | 58,188 | 6 | n/a | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | TOTAL | | | | \$ 66,531 | | | 7 |

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease .

n/a

9. Option to Buy: YESXNO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YESXNO

16. Rental Amount for movable equipment: \$ 29,250 Description: worksheet 8

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

| | 1 Use | 2 Model Year and Make | 3 Monthly Lease Payment | 4 Rental Expense for this Period | |
|----|-----------------------|-----------------------------|-------------------------------|--|----|
| 17 | client transportation | PACE vehicle #1697 | \$ 345.00 | \$ 4,140 | 17 |
| 18 | | | | | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | TOTAL | | \$ 345.00 | \$ 4,140 | 21 |

10. Effective dates of current rental agreement:

Beginning 10/15/98 & 02/26/02

Ending 10/14/03 & 02/28/11

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

| | | |
|-----|---------|-----------|
| 12. | 06/2004 | \$ 56,755 |
| 13. | 06/2005 | \$ 56,956 |
| 14. | 06/2006 | \$ 58,661 |

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM40

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE40

3. CLINICAL PORTION:

IN-HOUSE PROGRAM80

IN OTHER FACILITY

HOURS PER AIDE80

B. EXPENSES

ALLOCATION OF COSTS (d)

| | | 1 | 2 | 3 | 4 |
|----|---------------------------------|--------------------|--------------------|----------|-----------|
| | | Facility Drop-outs | Facility Completed | Contract | Total |
| 1 | Community College Tuition | \$ | \$ | \$ | \$ |
| 2 | Books and Supplies | 550 | 225 | | 775 |
| 3 | Classroom Wages (a) | 7,462 | 3,250 | | 10,712 |
| 4 | Clinical Wages (b) | | 6,500 | | 6,500 |
| 5 | In-House Trainer Wages (c) | 581 | 765 | | 1,346 |
| 6 | Transportation | | | | |
| 7 | Contractual Payments | | | | |
| 8 | Nurse Aide Competency Tests | | | | |
| 9 | TOTALS | \$ 8,593 | \$ 10,740 | \$ | \$ 19,333 |
| 10 | SUM OF line 9, col. 1 and 2 (e) | \$ 19,333 | | | |

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$none

D. NUMBER OF AIDES TRAINED

| COMPLETED | |
|------------------------------|----|
| 1. From this facility | 9 |
| 2. From other facilities (f) | |
| DROP-OUTS | |
| 1. From this facility | 22 |
| 2. From other facilities (f) | |
| TOTAL TRAINED | 31 |

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
|----|--|--|---------------------|------|---|----|---------------------------------------|-------------------------------|--------------------------------|----|
| | Service | Schedule V Line & Column Reference | Staff | | Outside Practitioner (other than consultant) | | Supplies (Actual or) Allocated) | Total Units (Column 2 + 4) | Total Cost (Col. 3 + 5 + 6) | |
| | | | Units of Service | Cost | | | | | | |
| 1 | Licensed Occupational Therapist | none | hrs | \$ | | \$ | \$ | | \$ | 1 |
| 2 | Licensed Speech and Language Development Therapist | | hrs | | | | | | | 2 |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | 3 |
| 4 | Licensed Physical Therapist | | hrs | | | | | | | 4 |
| 5 | Physician Care | | visits | | | | | | | 5 |
| 6 | Dental Care | | visits | | | | | | | 6 |
| 7 | Work Related Program | | hrs | | | | | | | 7 |
| 8 | Habilitation | | hrs | | | | | | | 8 |
| 9 | Pharmacy | | # of prescrpts | | | | | | | 9 |
| 10 | Psychological Services (Evaluation and Diagnosis/ Behavior Modification) | | hrs | | | | | | | 10 |
| 11 | Academic Education | | hrs | | | | | | | 11 |
| 12 | Exceptional Care Program | | | | | | | | | 12 |
| 13 | Other (specify): | | | | | | | | | 13 |
| 14 | TOTAL | | | \$ | | \$ | \$ | | \$ | 14 |

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

| | | | | | | | |
|--|---------------|-------|---------------|------------------------------|--------------|---------|---------------|
| Facility Name & ID Number | Iona Glos SLC | # | 0022996 | Report Period Beginning: | July 1, 2002 | Ending: | June 30, 2003 |
| XV. BALANCE SHEET - Unrestricted Operating Fund. | | As of | June 30, 2003 | (last day of reporting year) | | | |

This report must be completed even if financial statements are attached.

| | | 1 Operating | 2 After Consolidation* | |
|----|--|----------------|---------------------------|----|
| | A. Current Assets | | | |
| 1 | Cash on Hand and in Banks | \$ 7,787 | \$ | 1 |
| 2 | Cash-Patient Deposits | 108,112 | | 2 |
| 3 | Accounts & Short-Term Notes Receivable-Patients (less allowance 54,338) | 2,169,221 | | 3 |
| 4 | Supply Inventory (priced at cost) | 35,942 | | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | 101,817 | | 6 |
| 7 | Other Prepaid Expenses | 6,222 | | 7 |
| 8 | Accounts Receivable (owners or related parties) | 43,531 | | 8 |
| 9 | Other(specify): security deposits | 39,426 | | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 2,512,058 | \$ | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | | 13 |
| 14 | Buildings, at Historical Cost | | | 14 |
| 15 | Leasehold Improvements, at Historical Cost | 1,977,141 | | 15 |
| 16 | Equipment, at Historical Cost | 3,103,203 | | 16 |
| 17 | Accumulated Depreciation (book methods) | (4,099,814) | | 17 |
| 18 | Deferred Charges | | | 18 |
| 19 | Organization & Pre-Operating Costs | | | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs | | | 20 |
| 21 | Restricted Funds | | | 21 |
| 22 | Other Long-Term Assets (specify): | | | 22 |
| 23 | Other(specify): | | | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 980,531 | \$ | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 3,492,589 | \$ | 25 |

| | | 1 Operating | 2 After Consolidation* | |
|----|---|----------------|---------------------------|----|
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 2,322,769 | \$ | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | 108,112 | | 28 |
| 29 | Short-Term Notes Payable | 9,772 | | 29 |
| 30 | Accrued Salaries Payable | 916,715 | | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes) | 34,049 | | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | 19,668 | | 32 |
| 33 | Accrued Interest Payable | | | 33 |
| 34 | Deferred Compensation | 44,473 | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| | Other Current Liabilities(specify): | | | |
| 36 | capital lease obligation | 5,083 | | 36 |
| 37 | deferred income | 49,608 | | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 3,510,250 | \$ | 38 |
| | D. Long-Term Liabilities | | | |
| 39 | Long-Term Notes Payable | 65,833 | | 39 |
| 40 | Mortgage Payable | | | 40 |
| 41 | Bonds Payable | | | 41 |
| 42 | Deferred Compensation | | | 42 |
| | Other Long-Term Liabilities(specify): | | | |
| 43 | temporarily restricted | 71,358 | | 43 |
| 44 | | | | 44 |
| 45 | TOTAL Long-Term Liabilities (sum of lines 39 thru 44) | \$ 137,191 | \$ | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 3,647,441 | \$ | 46 |
| 47 | TOTAL EQUITY (page 18, line 24) | \$ (154,852) | \$ | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 3,492,589 | \$ | 48 |

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|----|--|-------------|------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | balance sheet for Ray Graham Association | | 3 |
| 4 | income statement & schedule V. for Iona Glos SLC only | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ | 6 |
| | A. Additions (deductions): | | |
| 7 | NET Income (Loss) (from page 19, line 43) | (12,879) | 7 |
| 8 | Aquisitions of Pooled Companies | | 8 |
| 9 | Proceeds from Sale of Stock | | 9 |
| 10 | Stock Options Exercised | | 10 |
| 11 | Contributions and Grants | | 11 |
| 12 | Expenditures for Specific Purposes | | 12 |
| 13 | Dividends Paid or Other Distributions to Owners | () | 13 |
| 14 | Donated Property, Plant, and Equipment | | 14 |
| 15 | Other (describe) | | 15 |
| 16 | Other (describe) | | 16 |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16) | \$ (12,879) | 17 |
| | B. Transfers (Itemize): | | |
| 18 | | | 18 |
| 19 | | | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | TOTAL Transfers (sum of lines 18-22) | \$ | 23 |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23) | \$ (12,879) | 24 * |

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

| 1 | | | |
|-----|--|--------------|-----|
| | Revenue | Amount | |
| | A. Inpatient Care | | |
| 1 | Gross Revenue -- All Levels of Care | \$ 5,331,991 | 1 |
| 2 | Discounts and Allowances for all Levels | () | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 5,331,991 | 3 |
| | B. Ancillary Revenue | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | | 5 |
| 6 | Therapy | | 6 |
| 7 | Oxygen | | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ | 8 |
| | C. Other Operating Revenue | | |
| 9 | Payments for Education | | 9 |
| 10 | Other Government Grants | 23,254 | 10 |
| 11 | Nurses Aide Training Reimbursements | 36,339 | 11 |
| 12 | Gift and Coffee Shop | 11,179 | 12 |
| 13 | Barber and Beauty Care | | 13 |
| 14 | Non-Patient Meals | | 14 |
| 15 | Telephone, Television and Radio | | 15 |
| 16 | Rental of Facility Space | | 16 |
| 17 | Sale of Drugs | | 17 |
| 18 | Sale of Supplies to Non-Patients | | 18 |
| 19 | Laboratory | | 19 |
| 20 | Radiology and X-Ray | | 20 |
| 21 | Other Medical Services | | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 70,772 | 23 |
| | D. Non-Operating Revenue | | |
| 24 | Contributions | 286,792 | 24 |
| 25 | Interest and Other Investment Income*** | | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 286,792 | 26 |
| | E. Other Revenue (specify):**** | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | 10,813 | 27 |
| 28 | management fees | 17,437 | 28 |
| 28a | see worksheet 11 | 2,465 | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | \$ 30,715 | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 5,720,269 | 30 |

| 2 | | | |
|----|---|--------------|----|
| | Expenses | Amount | |
| | A. Operating Expenses | | |
| 31 | General Services | 914,359 | 31 |
| 32 | Health Care | 2,716,696 | 32 |
| 33 | General Administration | 1,550,314 | 33 |
| | B. Capital Expense | | |
| 34 | Ownership | 221,525 | 34 |
| | C. Ancillary Expense | | |
| 35 | Special Cost Centers | 9,935 | 35 |
| 36 | Provider Participation Fee | 320,319 | 36 |
| | D. Other Expenses (specify): | | |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)* | \$ 5,733,148 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | (12,879) | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ (12,879) | 43 |

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? n/a If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

| | | 1 | 2** | 3 | 4 | |
|----|--------------------------------|---------------------------------|----------------------------------|--|---------------------------|----|
| | | # of Hrs. Actually Worked | # of Hrs. Paid and Accrued | Reporting Period Total Salaries, Wages | Average Hourly Wage | |
| 1 | Director of Nursing | 476 | 436 | \$ 12,577 | \$ 28.85 | 1 |
| 2 | Assistant Director of Nursing | | | | | 2 |
| 3 | Registered Nurses | 1,627 | 1,714 | 47,822 | 27.90 | 3 |
| 4 | Licensed Practical Nurses | 13,636 | 13,893 | 296,594 | 21.35 | 4 |
| 5 | Nurse Aides & Orderlies | | | | | 5 |
| 6 | Nurse Aide Trainees | 1,900 | 1,900 | 18,558 | 9.77 | 6 |
| 7 | Licensed Therapist | 1,194 | 1,187 | 23,921 | 20.15 | 7 |
| 8 | Rehab/Therapy Aides | | | | | 8 |
| 9 | Activity Director | | | | | 9 |
| 10 | Activity Assistants | 2,541 | 2,519 | 33,743 | 13.40 | 10 |
| 11 | Social Service Workers | 2,125 | 2,125 | 55,972 | 26.34 | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | 2,064 | 2,092 | 36,705 | 17.55 | 13 |
| 14 | Head Cook | | | | | 14 |
| 15 | Cook Helpers/Assistants | 10,149 | 10,150 | 110,883 | 10.92 | 15 |
| 16 | Dishwashers | | | | | 16 |
| 17 | Maintenance Workers | 2,639 | 2,704 | 43,675 | 16.15 | 17 |
| 18 | Housekeepers | | | | | 18 |
| 19 | Laundry | | | | | 19 |
| 20 | Administrator | 2,080 | 2,150 | 67,183 | 31.25 | 20 |
| 21 | Assistant Administrator | 2,270 | 2,257 | 40,204 | 17.81 | 21 |
| 22 | Other Administrative | 12,226 | 12,498 | 176,026 | 14.08 | 22 |
| 23 | Office Manager | | | | | 23 |
| 24 | Clerical | 6,491 | 6,430 | 70,599 | 10.98 | 24 |
| 25 | Vocational Instruction | | | | | 25 |
| 26 | Academic Instruction | | | | | 26 |
| 27 | Medical Director | | | | | 27 |
| 28 | Qualified MR Prof. (QMRP) | 15,201 | 15,398 | 225,560 | 14.65 | 28 |
| 29 | Resident Services Coordinator | | | | | 29 |
| 30 | Habilitation Aides (DD Homes) | 145,966 | 149,306 | 1,608,016 | 10.77 | 30 |
| 31 | Medical Records | | | | | 31 |
| 32 | Other Health Care drivers | 7,381 | 7,242 | 83,730 | 11.56 | 32 |
| 33 | Other(specify) see worksheet 2 | 19,404 | 19,276 | 388,608 | 20.16 | 33 |
| 34 | TOTAL (lines 1 - 33) | 249,370 | 253,277 | \$ 3,340,376 * | \$ 13.19 | 34 |

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

| | | 1 | 2 | 3 | |
|----|---------------------------------|--|---|---|----|
| | | Number of Hrs. Paid & Accrued | Total Consultant Cost for Reporting Period | Schedule V Line & Column Reference | |
| 35 | Dietary Consultant | 363 | \$ 13,610 | 1 | 35 |
| 36 | Medical Director | | | | 36 |
| 37 | Medical Records Consultant | | | | 37 |
| 38 | Nurse Consultant | | | | 38 |
| 39 | Pharmacist Consultant | | 1,171 | 15 | 39 |
| 40 | Physical Therapy Consultant | 93 | 3,906 | 10a | 40 |
| 41 | Occupational Therapy Consultant | 416 | 20,800 | 10a | 41 |
| 42 | Respiratory Therapy Consultant | | | | 42 |
| 43 | Speech Therapy Consultant | 397 | 15,880 | 10a | 43 |
| 44 | Activity Consultant | | | | 44 |
| 45 | Social Service Consultant | | | | 45 |
| 46 | Other(specify) Physician | | 18,000 | 15 | 46 |
| 47 | Eye Exams | 93 | 2,790 | 15 | 47 |
| 48 | Psychuatrist & Psychologist | 49 | 9,619 | 15 | 48 |
| 49 | TOTAL (lines 35 - 48) | 1,411 | \$ 85,776 | | 49 |

C. CONTRACT NURSES

| | | 1 | 2 | 3 | |
|----|---------------------------|--|----------------------------|---|----|
| | | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference | |
| 50 | Registered Nurses | 131 | \$ 5,127 | 10 | 50 |
| 51 | Licensed Practical Nurses | 3,504 | 133,568 | 10 | 51 |
| 52 | Nurse Aides | | | | 52 |
| 53 | TOTAL (lines 50 - 52) | 3,635 | \$ 138,695 | | 53 |

STATE OF ILLINOIS

Facility Name & ID NumberIona Glos SLC# 0022996Report Period Beginning: July 1, 2002Ending: June 30, 2003

Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name

Function

Ownership %

Amount

see worksheet 9

389,329

TOTAL (agree to Schedule V, line 17, col. 1)

(List each licensed administrator separately.)

\$389,329

B. Administrative - Other

Description

Amount

none

TOTAL (agree to Schedule V, line 17, col. 3)

(Attach a copy of any management service agreement)

\$

C. Professional Services

Vendor/Payee

Type

Amount

worksheet 2

34,352

TOTAL (agree to Schedule V, line 19, column 3)

(If total legal fees exceed \$2500 attach copy of invoices.)

\$34,352

D. Employee Benefits and Payroll Taxes

Description

Amount

Workers' Compensation Insurance

\$64,727

Unemployment Compensation Insurance

26,806

FICA Taxes

244,892

Employee Health Insurance

230,127

Employee Meals

Illinois Municipal Retirement Fund (IMRF)*

Pension Plan=58 employees(no owners/related)

12,942

Tution Reimbursement

3,663

Employee Incentives

781

Employee Assistance

2,752

TOTAL (agree to Schedule V, line 22, col.8)

\$586,690

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description

Line #

Amount

none

TOTAL

\$

F. Dues, Fees, Subscriptions and Promotions

Description

Amount

IDPH License Fee

\$

Advertising: Employee Recruitment

5,094

Health Care Worker Background Check

600

(Indicate # of checks performed)

Recruitment

33

Referral Bonus

99

Physicals

1,776

Publication

795

Membership Dues

3,490

Less: Public Relations Expense

()

Non-allowable advertising

()

Yellow page advertising

()

TOTAL (agree to Sch. V, line 20, col. 8)

\$11,887

G. Schedule of Travel and Seminar**

Description

Amount

Out-of-State Travel

\$

none

In-State Travel

Seminar Expense

Entertainment Expense

()

(agree to Sch. V, line 24, col. 8)

TOTAL

\$

* Attach copy of IMRF notifications

**See instructions.

STATE OF ILLINOIS

#0022996

Report Period Beginning: July 1, 2002

Ending: June 30, 2003

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Facility Name & ID Number

Iona Glos SLC

XX. GENERAL INFORMATION:

(1)

Are nursing employees (RN,LPN,NA) represented by a union?

no

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

no

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

no

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

no

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

yes
5 years

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.
\$24,107 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

no

(9)

Are you presently operating under a sublease agreement?

YESXNO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YESNOX
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$320,319

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

no

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

n/a

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?
For example, is a portion of the building used for rental, a pharmacy, day care, etc.)
If YES, attach a schedule which explains how all related costs were allocated to these functions.

no

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
\$n/a
Has any meal income been offset against related costs?
Indicate the amount. \$

(16)

Travel and Transportation
a. Are there costs included for out-of-state travel?
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.
c. What percent of all travel expense relates to transportation of nurses and patients?
d. Have vehicle usage logs been maintained?
e. Are all vehicles stored at the nursing home during the night and all other times when not in use?
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.

no
no
n/a
yes
yes
n/a
no

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name: Miller, Cooper & Co.
The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?
If no, please explain.

yes

(18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

yes

(19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?
Attach invoices and a summary of services for all architect and appraisal fees

n/a

| WORKSHEET 1 | | | | | | | | | | | | | |
|------------------------------|------------------------|-------------|-----------|---------|------------|---------|--------------|---------|-------------------|----------|------------|-------------|-----------|
| RAY GRAHAM ASSOCIATION COSTS | | | | | | | | | | | | | |
| SCH V | RG | RG | Sum | SLC | CFR Direct | RG | | | Adjustments for | | Other | | |
| LINE REF | Admin | P/R | RG | alloc | Program | Figures | | | Related Org. Cost | increase | Adjust for | Non-Allow & | |
| Line Item | Services | Development | & General | 33% | Cost | SLC | Reclassified | Sum | decrease | Fund | Raising | Adjustment | Total |
| SALARIES & FRINGE | | | | | | | | | | | | | |
| Sch XVIII | | | | | | | | | | | | | |
| 17 | OTHER COMPENSATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | (31,234) | 0 | 3,309,141 |
| 22 | FICA | 71,242 | 14,432 | 85,674 | 28,220 | 219,055 | 247,275 | 247,275 | | | (2,383) | | 244,892 |
| 22 | HEALTH & LIFE | 64,821 | 7,250 | 72,071 | 23,744 | 207,580 | 231,324 | 231,324 | | | (1,197) | | 230,127 |
| 22 | PENSION PLAN | 6,795 | 1,423 | 8,217 | 2,709 | 10,468 | 13,177 | 13,177 | | | (235) | | 12,942 |
| 22 | TUITION REIMBURSEMENT | 11,153 | 0 | 11,153 | 3,663 | 0 | 3,663 | 3,663 | | | 0 | | 3,663 |
| 22 | EMPLOYEE INCENTIVES | 2,377 | 0 | 2,377 | 781 | 0 | 781 | 781 | | | 0 | | 781 |
| 22 | UNEMPLOYMENT COMP | 81,287 | 0 | 81,287 | 26,806 | 0 | 26,806 | 26,806 | | | 0 | | 26,806 |
| 22 | WORKMAN'S COMP | 13,049 | 3,107 | 16,156 | 5,322 | 59,918 | 65,240 | 65,240 | | | (513) | | 64,727 |
| 22 | EMPLOYEE ASSIST | 300 | 108 | 407 | 134 | 2,636 | 2,770 | 2,770 | | | (18) | | 2,752 |
| 26 | LIABILITY INS | 2,092 | 298 | 2,390 | 787 | 7,373 | 8,160 | 8,160 | | | (49) | | 8,111 |
| DIRECT SERVICES | | | | | | | | | | | | | |
| Sch XVIII | | | | | | | | | | | | | |
| 10 & 13 | CLINICAL CONSULTANTS | 0 | 0 | 0 | 0 | 224,471 | 224,471 | 224,471 | | | 0 | | 224,471 |
| 11 | MEDICAL SUPPLIES | 25 | 0 | 25 | 8 | 74,005 | 74,013 | 74,013 | | | 0 | | 74,013 |
| 3 | REHAB & ED MATERIALS | 1,478 | 0 | 1,478 | 487 | 5,309 | 5,797 | 5,797 | | | 0 | | 5,797 |
| 3 | CONSUMABLE SUPPLY | 5,206 | 361,678 | 366,884 | 121,141 | 65,988 | 187,128 | 187,128 | | | (59,712) | | 127,416 |
| 3 | NON-CONSUMABLES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | | 0 |
| 11 | RECREATION | 0 | 0 | 0 | 0 | 10,057 | 10,057 | 10,057 | | | 0 | | 10,057 |
| 15 & 21 | LICENSE/CERTIFICATIONS | 29,361 | 0 | 29,361 | 9,682 | 1,238 | 10,921 | 10,921 | | | 0 | | 10,921 |
| 6 | EQUIPMENT | 133 | 0 | 133 | 44 | 5,427 | 5,471 | 5,471 | | | 0 | | 5,471 |
| 20 | RECRUITMENT | 23,148 | 0 | 23,148 | 7,602 | 0 | 7,602 | 7,602 | | | 0 | | 7,602 |
| 35 | EQUIPMENT RENTAL | 23,146 | 4,831 | 27,976 | 9,217 | 20,204 | 29,421 | 29,421 | | | (861) | | 29,250 |
| 6 & 21 | EQUIP MAINT & REPAIR | 6,273 | 1,289 | 7,562 | 2,491 | 7,573 | 10,064 | 10,064 | | | (213) | | 9,851 |
| 14 & 25 | TRAVEL | 3,761 | 1,016 | 4,777 | 1,574 | 5,277 | 6,851 | 6,851 | | | (168) | | 6,683 |
| 14 & 25 | CONTRACT BUSING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | | 0 |
| 14 & 25 | CLIENT BUS GAS | 0 | 0 | 0 | 0 | 6,153 | 6,153 | 6,153 | | | 0 | | 6,153 |
| 14 & 25 | VEHICLE REPAIRS/MAINT | 0 | 0 | 0 | 0 | 9,386 | 9,386 | 1,371 | 10,757 | | 0 | | 10,757 |
| 26 | VEHICLE INSURANCE | 0 | 0 | 0 | 0 | 7,862 | 7,862 | | | | 0 | 0 | 7,862 |
| 35 | LEASED VEHICLES | 588 | 0 | 588 | 194 | 11,195 | 11,389 | (1,371) | 10,018 | (5,684) | 0 | (194) | 4,140 |
| 23 | STAFF TRAINING | 11,109 | 0 | 11,109 | 3,655 | 20 | 3,675 | | | | 0 | | 3,675 |
| 21 | TELEPHONE | 37,933 | 3,811 | 41,744 | 13,752 | 12,916 | 26,668 | 26,668 | | | (629) | | 26,038 |
| PROGRAM SUPPORT | | | | | | | | | | | | | |
| 2 | FOOD | 0 | 0 | 0 | 0 | 238,236 | 238,236 | 238,236 | | | 0 | | 238,236 |
| 3 | JANITORIAL MAINT | 2,548 | 0 | 2,548 | 840 | 59,918 | 60,759 | 60,759 | | | 0 | | 60,759 |
| 3 | JANITORIAL SUPPLY | 657 | 62 | 718 | 237 | 17,721 | 17,958 | 17,958 | | | (10) | | 17,948 |

| WORKSHEET 1 | | | | | | | | | | | | | |
|------------------------------|-------------------------|-----------|-------------|-----------|---------|--------------|-------------|--------------|-----------|----------------------------|----------|--------------|------------------------|
| RAY GRAHAM ASSOCIATION COSTS | | | | | | | | | | | | | |
| SCH V | RG | Admin | P/R | Sum | SLC | CFR Direct | RG | | | Adjustments for | | Other | |
| LINE REF | Line Item | Services | Development | & General | 33% | Program Cost | Figures SLC | Reclassified | Sum | Related Org. Cost decrease | increase | Fund Raising | Non-Allow & Adjustment |
| OCCUPANCY | | | | | | | | | | | | | |
| 34 | RENT | 183,477 | 35,953 | 219,431 | 72,296 | 798 | 73,094 | (690) | 72,404 | | | (5,873) | 66,531 |
| 33 | REAL ESTATE TAX | 3,227 | | 3,227 | 1,064 | 20 | 1,085 | | 1,085 | | | | 1,085 |
| 26 | INSURANCE | 7,291 | 765 | 8,056 | 2,655 | 42,103 | 44,758 | | 44,758 | | | (126) | 44,632 |
| 5 | UTILITIES | 9,228 | 711 | 9,939 | 3,276 | 129,481 | 132,757 | | 132,757 | | | (117) | 132,640 |
| 7 | WASTE REMOVAL | 1,363 | 0 | 1,363 | 449 | 21,729 | 22,179 | | 22,179 | | | 0 | 22,179 |
| 6 | B & G SUPPLIES | 3,150 | 212 | 3,362 | 1,108 | 36,317 | 37,425 | | 37,425 | | | (35) | 37,390 |
| OTHER EXPENSE | | | | | | | | | | | | | |
| 42 | PARTICIPATION FEES-DPA | 0 | 0 | 0 | 0 | 320,319 | 320,319 | | 320,319 | | | 0 | 320,319 |
| 19 | PAYROLL SERVICE | 48,642 | 0 | 48,642 | 16,013 | 0 | 16,013 | | 16,013 | | | 0 | 16,013 |
| 19 | LEGAL | 2,323 | 0 | 2,323 | 763 | 0 | 763 | | 763 | | | 0 | (763) |
| 19 | PROFESSIONAL SERVICE | 30,777 | 1,145 | 31,922 | 10,517 | 0 | 10,517 | (71) | 10,447 | | | (189) | 9,457 |
| 19 | AUDIT | 21,440 | 0 | 21,440 | 7,058 | 0 | 7,058 | | 7,058 | | | 0 | 7,058 |
| 21 | OFFICE SUPPLIES | 27,058 | 2,692 | 29,750 | 9,799 | 5,225 | 15,024 | | 15,024 | | | (444) | 14,580 |
| 21 | OFFICE EQUIPMENT | 684 | 0 | 684 | 225 | 0 | 225 | | 225 | | | 0 | 225 |
| 21 | PRINTING | 2,159 | 14,243 | 16,402 | 5,414 | 28 | 5,443 | | 5,443 | | | (2,351) | 3,091 |
| 20 | PUBLICATIONS | 720 | 1,314 | 2,034 | 671 | 341 | 1,012 | | 1,012 | | | (217) | 795 |
| 32 | INTEREST | 94,563 | 0 | 94,563 | 31,131 | 0 | 31,131 | | 31,131 | | | 0 | (1,006) |
| 27 | MISC | (101) | 0 | (101) | (33) | 997 | 964 | | 964 | | | 0 | (379) |
| 27 | FINES,PENALTIES,LATE CH | 784 | 0 | 784 | 258 | 46 | 304 | | 304 | | | 0 | (304) |
| 21 | POSTAGE | 9,346 | 7,609 | 16,955 | 5,590 | 2,193 | 7,783 | | 7,783 | | | (1,256) | 6,527 |
| 27 | BANK CHARGES | 26,395 | 0 | 26,395 | 8,689 | 1,555 | 10,245 | | 10,245 | | | 0 | 10,245 |
| 27 | IN & OUT | (485) | 0 | (485) | (160) | 0 | (160) | | (160) | | | 0 | 160 |
| 20 | MEMBERSHIP DUES | 8,595 | 2,854 | 11,449 | 3,776 | 114 | 3,890 | 71 | 3,961 | | | (471) | 3,490 |
| 27 | AGENCY FUNCTIONS | 7,964 | 7,160 | 15,124 | 4,984 | 0 | 4,984 | | 4,984 | | | (1,182) | (3,802) |
| 41 | COST OF SALES-VEND | 0 | 0 | 0 | 0 | 9,935 | 9,935 | | 9,935 | | | 0 | 9,935 |
| 27 | BAD DEBTS | 22,915 | 0 | 22,915 | 7,544 | 0 | 7,544 | | 7,544 | | | 0 | (7,544) |
| DEPRECIATION | | | | | | | | | | | | | |
| 30 | F F & E | 95,758 | 5,238 | 100,996 | 33,271 | 12,084 | 45,355 | | 45,355 | | 3,225 | (865) | (161) |
| 30 | LEASEHOLD IMP & BUILD | 5,568 | 1,014 | 6,582 | 2,169 | 22,311 | 24,480 | | 24,480 | | 120,214 | (167) | |
| 30 | TRANSPORTATION | 0 | 0 | 0 | 0 | 5,570 | 5,570 | | 5,570 | | | 0 | 1,713 |
| TOTAL EXPENSES | | | | | | | | | | | | | |
| | | 2,001,893 | 669,400 | 2,671,293 | 880,229 | 4,852,918 | 5,733,147 | 0 | 5,733,147 | (5,684) | 123,439 | (110,516) | (13,080) |
| | | 5,727,306 | | | | | | | | | | | |

Notes: (a) Allocation based on percentage of total direct expenses.

Worksheet 6

Detail for schedule IX, part A - Interest Expense, Working Capital

| col 1 | col 2 | col 3 | col 4 | col 5 | col 6 | col 7 | col 8 | col 9 | col 10 |
|---|-----------|-----------------|-----------------|--------------|-----------------|-----------|---------------|-----------------|---------|
| Name of Lender | Related ? | Purpose | Monthly Payment | Date of Note | Original Amount | Bal | Maturity Date | Rate (4 digits) | Int Exp |
| from admin - Short Term/Working Capital | | | | | | | | | |
| American Nat'l Bank | no | operating funds | n/a | 6/30/2002 | 680,000 | | 6/30/2002 | 0.0500 | 19,248 |
| | | | | 11/8/2002 | 1,253,000 | | 0.0450 | 56,580 | |
| | | | | 6/27/2003 | 811,600 | 891,600 | 0.0425 | 287 | |
| | | | | | 2,744,600 | 891,600 | | 76,115 | |
| Ray Graham Foundation | yes | operating funds | n/a | 6/30/2002 | 285,000 | | demand | 0.0500 | 5,871 |
| | | | | 12/12/001 | 260,000 | 150,000 | demand | 0.0450 | 5,570 |
| | | | | | 545,000 | 150,000 | | 11,440 | |
| Volunteer Aux Council | yes | operating funds | n/a | 6/30/2002 | 172,000 | | demand | 0.0500 | 754 |
| | | | | 1/31/2002 | 27,000 | 274,275 | demand | 0.0450 | 2,536 |
| | | | | | 199,000 | 274,275 | | 3,290 | |
| Total RGA Management & General (Administration) | | | | | 3,488,600 | 1,315,875 | | | 90,845 |
| SLC allocation = | | 0.33 | | | 1,148,476 | 433,197 | | | 29,907 |

Worksheet 7

Detail for Schedule XII. Rental Costs

Part A. Building and Fixed Equipment, No. 1 - 14

Line 3 Owner - Stojka Brothers Partnership

Building - 442 West Fulerton, Elmhurst

| | | |
|----------------------------------|-------------------|---------|
| Annual Amount per Rent Agreement | 10/15/01-10/14/02 | 192,044 |
| | 10/15/02-10/14/03 | 197,802 |

| FY03 Rent | RGA | | SLC | | |
|-----------|-----------|------------|----------------|------------|--------------|
| | Division | Allocation | Amount | Allocation | Amount |
| 196,363 | Dev Train | 1.70% | 3,338 | | |
| | Workshop | 75.94% | 149,118 | | |
| | Supp Emp | 2.66% | 5,223 | | |
| | Transp | 0.65% | 1,276 | 6.60% | 84 |
| | Intake | 0.45% | 884 | 6.00% | 53 |
| | Eval | 4.44% | 8,719 | | |
| | Title 6c | 0.37% | 727 | | |
| | Extended | 0.89% | 1,748 | | |
| | Clinical | 0.26% | 511 | 4.04% | 21 |
| | Advocacy | 0.00% | 0 | 32.94% | 0 |
| | Admin | 12.64% | 24,820 | 32.98% | 8,186 |
| | | 100.00% | <u>196,363</u> | | <u>8,344</u> |
| | | | | | |

| FY04 Rent | RGA | | SLC | | |
|-----------|-----------|------------|---------------|------------|--------------|
| | Division | Allocation | Amount | Allocation | Amount |
| 49,451 | Dev Train | 1.70% | 841 | | |
| | Workshop | 75.94% | 37,553 | | |
| | Supp Emp | 2.66% | 1,315 | | |
| | Transp | 0.65% | 321 | 6.60% | 21 |
| | Intake | 0.45% | 223 | 6.00% | 13 |
| | Eval | 4.44% | 2,196 | | |
| | Title 6c | 0.37% | 183 | | |
| | Extended | 0.89% | 440 | | |
| | Clinical | 0.26% | 129 | 4.04% | 5 |
| | Advocacy | 0.00% | 0 | 32.94% | 0 |
| | Admin | 12.64% | 6,251 | 32.98% | 2,061 |
| | | 100.00% | <u>49,451</u> | | <u>2,101</u> |
| | | | | | |

Line 4 New Owner - Midwest Surgical

Building - 2801 Finley, Downers Grove - 1st Floor

| | | |
|--|-------------------|--------|
| Monthly Amount per Rent Agreement | 03/01/03-02/28/04 | 20,679 |
| | 03/01/04-02/28/05 | 21,680 |
| plus, operating expenses & common area lightir | 03/01/05-02/28/06 | 22,330 |
| charges = 20,265 | 03/01/06-02/28/07 | 23,000 |

| FY03 Rent | RGA | | SLC | | |
|-----------|--------------------|------------|----------------|------------|---------------|
| | Division | Allocation | Amount | Allocation | Amount |
| 268,413 | Administration | 20.62% | 55,356 | 32.98% | 18,255 |
| | Human Resources | 11.99% | 32,188 | 32.84% | 10,571 |
| | Pub Rel & Develop | 13.25% | 35,570 | 33.02% | 11,745 |
| | less 50% | | 0 | | (5,873) |
| | Finance | 20.81% | 55,866 | 32.92% | 18,391 |
| | MIS | 5.05% | 13,557 | 32.94% | 4,466 |
| | Central Intake | 1.24% | 3,328 | 6.00% | 200 |
| | Clinical | 3.99% | 10,710 | 4.04% | 433 |
| | Consumer Advocacy | 0.00% | 0 | 32.94% | 0 |
| | Supported Living | 3.10% | 8,321 | | |
| | Early Intervention | 2.00% | 5,368 | | |
| | DHS Foster Care | 8.25% | 22,144 | | |
| | Respite | 8.97% | 24,077 | | |
| | Bednorz | 0.18% | 483 | | |
| | Bensenville | 0.18% | 483 | | |
| | West Chicago | 0.18% | 483 | | |
| | Woodridge | 0.18% | 483 | | |
| | | 100.00% | <u>268,417</u> | | <u>58,188</u> |
| | | | | | |

| FY04 Rent | RGA | | SLC | | |
|-----------|--------------------|------------|----------------|------------|---------------|
| | Division | Allocation | Amount | Allocation | Amount |
| 252,150 | Administration | 20.62% | 51,993 | 32.98% | 17,146 |
| | Human Resources | 11.99% | 30,233 | 32.84% | 9,929 |
| | Pub Rel & Develop | 13.25% | 33,410 | 33.02% | 11,032 |
| | less 50% | | 0 | | (5,516) |
| | Finance | 20.81% | 52,472 | 32.92% | 17,274 |
| | MIS | 5.05% | 12,734 | 32.94% | 4,194 |
| | Central Intake | 1.24% | 3,127 | 6.00% | 188 |
| | Clinical | 3.99% | 10,061 | 4.04% | 407 |
| | Consumer Advocacy | 0.00% | 0 | 32.94% | 0 |
| | Supported Living | 3.10% | 7,817 | | |
| | Early Intervention | 2.00% | 5,043 | | |
| | DHS Foster Care | 8.25% | 20,802 | | |
| | Respite | 8.98% | 22,643 | | |
| | Bednorz | 0.18% | 454 | | |
| | Bensenville | 0.18% | 454 | | |
| | West Chicago | 0.18% | 454 | | |
| | Woodridge | 0.18% | 454 | | |
| | | 100.00% | <u>252,150</u> | | <u>54,654</u> |
| | | | | | |
| | | | | | |

| FY05 Rent | RGA | | SLC | | |
|-----------|----------------|------------|----------------|------------|---------------|
| | Division | Allocation | Amount | Allocation | Amount |
| 262,756 | Administratio | 20.62% | 54,180 | 32.98% | 17,867 |
| | Human Reso | 11.99% | 31,504 | 32.84% | 10,347 |
| | Pub Rel & De | 13.25% | 34,815 | 33.02% | 11,496 |
| | less 50% | | 0 | | (5,748) |
| | Finance | 20.81% | 54,679 | 32.92% | 18,001 |
| | MIS | 5.05% | 13,269 | 32.94% | 4,371 |
| | Central Intak | 1.24% | 3,258 | 6.00% | 195 |
| | Clinical | 3.99% | 10,484 | 4.04% | 424 |
| | Consumer Ar | 0.00% | 0 | 32.94% | 0 |
| | Supported Li | 3.10% | 8,145 | | |
| | Early Intervei | 2.00% | 5,255 | | |
| | DHS Foster (| 8.25% | 21,677 | | |
| | Respite | 8.98% | 23,595 | | |
| | Bednorz | 0.18% | 473 | | |
| | Bensenville | 0.18% | 473 | | |
| | West Chicag | 0.18% | 473 | | |
| | Woodridge | 0.18% | 473 | | |
| | | 100.00% | <u>262,756</u> | | <u>56,953</u> |
| | | | | | |

| FY06 Rent | RGA | | SLC | | |
|-----------|----------------|------------|----------------|------------|---------------|
| | Division | Allocation | Amount | Allocation | Amount |
| 270,638 | Administratio | 20.62% | 55,806 | 32.98% | 18,403 |
| | Human Reso | 11.99% | 32,450 | 32.84% | 10,657 |
| | Pub Rel & De | 13.25% | 35,860 | 33.02% | 11,841 |
| | less 50% | | 0 | | (5,920) |
| | Finance | 20.81% | 56,320 | 32.92% | 18,541 |
| | MIS | 5.05% | 13,667 | 32.94% | 4,502 |
| | Central Intak | 1.24% | 3,356 | 6.00% | 201 |
| | Clinical | 3.99% | 10,798 | 4.04% | 437 |
| | Consumer Ar | 0.00% | 0 | 32.94% | 0 |
| | Supported Li | 3.10% | 8,390 | | |
| | Early Intervei | 2.00% | 5,413 | | |
| | DHS Foster (| 8.25% | 22,328 | | |
| | Respite | 8.98% | 24,303 | | |
| | Bednorz | 0.18% | 487 | | |
| | Bensenville | 0.18% | 487 | | |
| | West Chicag | 0.18% | 487 | | |
| | Woodridge | 0.18% | 487 | | |
| | | 100.00% | <u>270,638</u> | | <u>58,661</u> |
| | | | | | |

Worksheet 8
Detail for Schedule XII part B. Equipment Rental - Excluding Transportation and Fixed Equipment

| Movable Equipment Description | SLC Cost |
|-------------------------------|----------|
| SLC | |
| postage system | 2,646 |
| copier | 17,462 |
| Total SLC | 20,109 |

Administration

| | | | | | |
|------------------------|-----|--|--------|-----|--|
| Dunn Rite truck rental | 345 | | | | |
| | 345 | | 32.98% | 114 | |

Fullerton Building

| | | | | | |
|----------------|----------------|--------|-------|--------|-----|
| copier | 9,363 | | | | |
| postage system | 2,382 | | | | |
| | 11,745 | | | | |
| | Transportation | 0.65% | 76 | 6.00% | 5 |
| | Intake | 0.45% | 53 | 6.00% | 3 |
| | Clinical | 0.26% | 31 | 4.04% | 1 |
| | Administration | 12.64% | 1,485 | 32.98% | 490 |

Finley Building

| | | | | | |
|----------------|-------------------|--------|-------|--------|--------|
| copier | 29,057 | | | | |
| public storage | 2,892 | | | | |
| water cooler | 384 | | | | |
| postage system | 7,010 | | | | |
| | 39,343 | | | | |
| | Administration | 20.62% | 8,113 | 32.98% | 2,676 |
| | Human Resources | 11.99% | 4,717 | 32.84% | 1,549 |
| | Pub Rel & Develop | 13.25% | 5,213 | 33.02% | 1,721 |
| | less 50% | | | | (861) |
| | Finance | 20.81% | 8,187 | 32.92% | 2,695 |
| | MIS | 5.05% | 1,987 | 32.94% | 654 |
| | Central Intake | 1.24% | 486 | 6.00% | 29 |
| | Clinical | 3.99% | 1,570 | 4.04% | 63 |
| | | | | | 29,249 |

Worksheet 9

Detail for Schedule XIX, part A. Administrative Salaries

| Name | Function | % Ownership | SLC Amount |
|------|----------|-------------|------------|
|------|----------|-------------|------------|

Direct Staff

| | | | |
|-------------------|-----------------|--|---------|
| Coutryer, Sharon | SLC Director | | 67,183 |
| King, John | Coord-Program | | 40,204 |
| Sapko, Rachel | Home Manager #1 | | 13,961 |
| Hicks, Marietta | Home Manager #2 | | 36,537 |
| Simmons, Leatrice | Home Manager #3 | | 27,366 |
| Duran, Laura | Home Manager #4 | | 30,600 |
| Wendrich, Paula | Home Manager #5 | | 33,339 |
| Carter, Lorraine | Home Manager #6 | | 34,223 |
| total SLC | | | 283,413 |

Management and General Allocated

Administrators

| | | | |
|-----------------------|---------------------------------------|--|----------|
| Scanton, Robert | Chief Operating Officer | | 72,207 |
| Terrill, Cathy Ficker | President | | 135,695 |
| | less funds from Ray Graham Foundation | | (45,747) |
| SLC allocation | 33% | | 162,155 |
| | | | 53,474 |

Public Relations & Development

| | | | |
|--------------------------|---|--|----------|
| McLaughlin, Kathleen | Vice President Development | | 75,155 |
| Slein, Lee | Dir Development/Community Relations | | 62,767 |
| Jellinski, Jennifer | Development Administrator (replacement) | | 360 |
| Jackson, Kathleen | Development Administrator (resigned) | | 22,901 |
| Ambroz (Losurdo), Michel | Grants Administrator | | 39,166 |
| Thomas, Christopher | P R Coordinator (resigned) | | 6,229 |
| Wilson, Michelle | P R Coordinator (replacement) | | 5,662 |
| Westberg, Cheryl | Volunteer Coordinator | | 14,747 |
| | less funds from Ray Graham Foundation | | (68,183) |
| SLC allocation | 33% | | 156,822 |
| | | | 52,442 |

Total Administrative Salaries reported on Schedule 5, Line 17, Column 1

389,329

Worksheet 11

Detail of Other Income on Schedule XVII, line 28a

Direct

SLC

| | | |
|------------------------------------|--|-----|
| gain on sale of fixed assets | | 380 |
| timedock swipecard replacement fee | | 6 |
| | | 386 |

allocated from Administration

| | | |
|---|-----|-------|
| unrestricted donation | | 1,228 |
| guardianship | | 2,606 |
| witness fee | | 15 |
| sale of assessment tools/planning manuals, etc. | | 842 |
| medical records copies | | 120 |
| income from seminars/presentations | | 1,221 |
| write off petty cash overage | | 124 |
| refunds | | 55 |
| timedock swipecard replacement fees | | 165 |
| | | 6,376 |
| SLC alloc | 33% | 2,080 |
| Total Income | | 2,465 |

Worksheet 10

Detail for schedule IX, part B - Real Estate Tax Expense

Real Estate Tax for 442 W. Fullerton, Elmhurst
Owner - Stojka Brothers Partnership
building allocations based on square footage

Ray Graham Association
NOTE: real estate tax expense is coded to Rent Expense

| division | building allocation | FY03 accr 1/2 2002 | FY03 accr 1/2 2003 | total FY02 expense | 2002 bill | 2001 bill | 1/2 2001 bill | program number |
|---------------|---------------------|-----------------------|-----------------------|-----------------------|-----------|-----------|---------------|-------------------|
| Dev Train | 1.70% | 252 | 183 | 434 | 503 | 474 | 237 | 5-050 |
| Workshop | 75.95% | 11,236 | 8,152 | 19,388 | 22,473 | 21,193 | 10,597 | 5-061 |
| Supp Emp | 2.66% | 394 | 286 | 679 | 787 | 742 | 371 | 5-091 |
| Transp | 0.65% | 96 | 70 | 166 | 192 | 181 | 91 | 2-510 |
| Intake | 0.45% | 67 | 48 | 115 | 133 | 126 | 63 | 2-590 |
| Eval | 4.44% | 657 | 477 | 1,134 | 1,314 | 1,239 | 620 | 5-062 |
| Title 6c | 0.37% | 55 | 40 | 94 | 109 | 103 | 52 | 5-092 |
| Extended | 0.89% | 132 | 96 | 227 | 263 | 248 | 124 | 5-093 |
| Clinical | 0.25% | 37 | 27 | 64 | 74 | 70 | 35 | 2-700 |
| Advocacy | 0.00% | 0 | 0 | 0 | 0 | 0 | 0 | 2-750 |
| Admin | 12.64% | 1,870 | 1,357 | 3,227 | 3,740 | 3,527 | 1,764 | 1-500 |
| | | 100.00% | 14,795 | 10,734 | 25,529 | 27,905 | 13,952 | |
| check figures | | 14,795 | 10,733 | 25,528 | 29,590 | 27,905 | | |

| SLC | | | | | | | | |
|-----------|-----------------|-----------------------|-----------------------|-----------------------|----------------|----------------|--------------------|-------------------|
| division | FY01 allocation | FY03 accr 1/2 2002 | FY03 accr 1/2 2003 | total FY02 expense | 0 2002 bill | 0 2001 bill | 0 1/2 2001 bill | program number |
| Dev Train | | 0 | 0 | 0 | 0 | 0 | 0 | 5-050 |
| Workshop | | 0 | 0 | 0 | 0 | 0 | 0 | 5-061 |
| Supp Emp | | 0 | 0 | 0 | 0 | 0 | 0 | 5-091 |
| Transp | 6.60% | 6 | 5 | 11 | 13 | 12 | 6 | 2-510 |
| Intake | 6.00% | 4 | 3 | 7 | 8 | 8 | 4 | 2-590 |
| Eval | | 0 | 0 | 0 | 0 | 0 | 0 | 5-062 |
| Title 6c | | 0 | 0 | 0 | 0 | 0 | 0 | 5-092 |
| Extended | | 0 | 0 | 0 | 0 | 0 | 0 | 5-093 |
| Clinical | 4.04% | 1 | 1 | 3 | 3 | 3 | 1 | 2-700 |
| Advocacy | 32.94% | 0 | 0 | 0 | 0 | 0 | 0 | 2-750 |
| Admin | 32.98% | 617 | 447 | 1,064 | 1,233 | 1,163 | 582 | 1-500 |
| | | 629 | 456 | 1,085 | 1,257 | 1,185 | 593 | |